

General Online Donation Form



The VetAways Foundation, Inc.

"From Deployment to Enjoyment"

Pledge Information

I (we) pledge a **one-time donation** of \$_____.

YES! Please make this a **recurring monthly donation** to support VetAways with a monthly gift of:

\$15 \$20 \$25 \$30 Other:_____/month

Donor Information (please print or type)

Name _____

Billing Address _____

City, State Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

I (we) plan to make this contribution in the form of: check credit card

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

**Note: VetAways® does not disclose the donation amount.*

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s) _____

Date _____

www.vetaways.org

Mail This Form and Donation to:

The VetAways Foundation, Inc.

P.O. Box 531105

Orlando, FL 32853-1105